

## DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor, if only one name is listed below, or an original, first and joint inventor, if plural names are listed below, of the subject matter which is claimed and for which a patent is sought on the invention entitled **NEUROPROTECTIVE AGENTS**, the specification of which is attached hereto.

I acknowledge the duty to disclose to the United States Patent and Trademark Office (the Office), all information which is known by me to be material to patentability as defined in Title 37, Code of Federal Regulations (C.F.R.), Section 1.56.

## CLAIM OF PRIORITY

I hereby claim foreign benefits under Title 35, United States Code (U.S.C.), Section 119(a)-(d) or § 365(b), of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application, having a filing date before that of the application on which priority is claimed.

Application Serial No. 9726569.8 filed in United Kingdom on December 16, 1997.

I hereby claim the benefit under 35 U.S.C. § 120, of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the above-identified specification, including claims, discloses and claims subject matter in addition to that disclosed in the prior copending application(s), listed below, I acknowledge the duty to disclose to the Office, all information which is known by me to be material to patentability as defined in 37 C.F.R. § 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.

## POWER OF ATTORNEY

I hereby appoint the practitioners associated with the Customer Number provided below (*i.e.*, the practitioners associated with the law firm of Price, Heneveld, Cooper, DeWitt and Litton) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Please direct all correspondence to the address associated with that Customer Number.

Customer Number 000,277

All statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true, and further, these statements are made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of this application or any patent issued thereon.

Sole or First joint inventor:

Second joint inventor:

Ashley Ker Pringle                      Date  
Citizenship: Great Britain  
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                    United Kingdom  
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Mark Bradley                              Date  
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                    United Kingdom  
Post Office Address: Same as above.

Third joint inventor: \_\_\_\_\_

**Fourth joint inventor:**

Lars Eric Sundstrom	Date
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Residence: Malt House, Kiln Lane Old Alresford, Hampshire SO24 9DU United Kingdom	
Post Office Address: Same as above.	

<b>Fausto Iannotti</b>	<b>Date</b>
<b>Citizenship: Italy</b>	
<b>Residence: 63 Canon Street</b>	
<b>Winchester, Hampshire SO23 9JW</b>	
<b>United Kingdom</b>	
<b>Post Office Address: Same as above.</b>	

Applicant or Patentee : Ashley K. Pringle et al.  
Serial or Patent No. :  
Filed or Issued :  
For : NEUROPROTECTIVE AGENTS

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 C.F.R. § 1.9(f) AND 1.27 (d)) - NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION University of Southampton  
ADDRESS OF ORGANIZATION Highfield, Southampton, SO17 1BJ, United Kingdom  
TYPE OF ORGANIZATION

- (X) UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION  
( ) TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C. § 501(A) AND 501(C)(3))  
( ) NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA  
(NAME OF STATE \_\_\_\_\_)  
(CITATION OF STATUTE \_\_\_\_\_)  
( ) WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C. § 501(A) AND 501(C)(3)) IF LOCATED IN THE UNITED STATES OF AMERICA  
( ) WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA  
(NAME OF STATE \_\_\_\_\_)  
(CITATION OF STATUTE \_\_\_\_\_)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 C.F.R. § 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled **NEUROPROTECTIVE AGENTS** by inventors Ashley Ker Pringle, Mark Bradley, Lars Eric Sundstrom and Fausto Iannotti described in

- (X) the specification filed herewith  
( ) application serial No. \_\_\_\_\_, filed \_\_\_\_\_  
( ) patent No. \_\_\_\_\_, issued \_\_\_\_\_

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above-identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern, or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventory under 37 C.F.R. § 1.9(c) or by any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e). \*NOTE: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities (37 C.F.R. § 1.27).

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ *Individual* ☐ *Small Business Concern* ☐ *Non-Profit Organization*

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ *Individual* ☐ *Small Business Concern* ☐ *Non-Profit Organization*

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 C.F.R. § 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this Verified Statement is directed.

NAME OF PERSON SIGNING \_\_\_\_\_

TITLE IN ORGANIZATION \_\_\_\_\_

ADDRESS OF PERSON SIGNING \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_